Labor Organization Officer and Employee Report

U.S. Department Labor Employment Standards Administration Office of Labor-Management Standards





This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

Name and address of person filing		2. Name and address	of labor organization	
Edward Clark, Executive Vice Pre 66 Weld Hill Street Boston, MA 02130				
BUSCOII, AM UZISU				
Position in labor organization	4. Date fiscal year	ar anded	5. File number (if assig	anod)
3. Position in labor organization 4. Date ilscary			None /	962
Enter appropriate data below if, during the past fi	iscal year, you or y	your spouse or minor chi		ny of the following in-
Held an interest in, engaged in transactions employer whose employees your organizations	(including loans) wi	ith, or derived income or	other economic benefit of ment.	onetary value from an
Name of Employer		Address of Employer		
UNITE			New York, NY 10001	11th Floor
7. Nature of Interest, Transaction or Income				
B. Held an interest in or derived income or econor from, selling or leasing to, or otherwise dealing	nic benefit with mor	netary value from a busin f an employer whose empl	ness (1) a substantial part of w	represents or is actively
seeking to represent, or (2) any part of which co organization or with a trust in which your labor or			try or indirectly to, or otherwise	e dealing with your labor
Name of business		Address of business		
Amalgamated Bank Of New York	ork 15 Union Square New York, NY 10003			
Business deals with—		10. If 9B or 9C is ched	cked give trust or employer's na	ame
☐ A. Labor Organization ☐ B. Trust	C. Employer			
11. Nature and approximate dollar value of such deal	ings			
50 Class A/Voting Shares and 50 12. Nature of interest held or income received	Aremco/Preffer	red B Shares valued	at \$255.00 per share	
\$1,165.43				
C. Received from any employer (other than an early payment of money or other thing of value	employer covered un	nder parts A and B above)	or from any labor relations co	nsultant to an employer
13. Name and address of employer o	r consultant	14. Nature of paymen	t .	
				F 3 10
None		None		S Parch
IF MORE	SPACE IS NEEDER	D ATTACH ADDITIONAL	L SHEETS	
 Signature and verification—The undersigned of the attachments incorporated therein or referred correct and complete. 	declares, under the d to in this report, h	applicable penalties of the las been examined by him	law, that all of the information and is, to the best of his kno	n in this report, including wledge and belief, true,
Signed: Elward W. Clary	N. W.	NW.		
Signed:	at New York,	, NY	State	on 10/22/03
	uty		State	Date